APPLICATION TO

CONVERT A PROVISIONAL TO A STANDARD CAREER AND TECHNICAL EDUCATION (CTE) CERTIFICATE

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A. A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (IVP) fingerprint card (plastic).
- B. Completed application and a money order, cashier's check or personal check **ONLY** for the amount due, made payable to the Arizona Department of Education (**ADE**). Fees are **not** refundable. **Cash will not be accepted.**
- C. An official transcript(s) of academic coursework completed from an accredited institution; photocopies will not be accepted.
- D. One of the following:
 - 1. Verification of a passing score on the NES Assessment of Professional Knowledge: Secondary **OR** A passing score on the AEPA Professional Knowledge Secondary (replaced by NES Assessment)
 - 2. Verification of a passing score on a comparable Professional Knowledge Secondary exam from another state/agency.
 - 3. Verification of 3-years of full-time teaching in grades K-12. Submit Verification of Teaching Experience form.
- E. Verification of State approved CTE professional development hours (if applicable).
- F. Letter verifying 2 years of full-time teaching experience exhibiting satisfactory performance in the classroom. CTE Evaluation
 Verification
- G. Verification of 3 semester hours or 45 clock hours of State approved Structured English Immersion (SEI) training to qualify for the Full SEI Endorsement (if applicable).
- H. Verification of Arizona and/or U.S. Constitution (if applicable).

Individuals may use up to 18 semester hours of CTE professional development towards the education coursework requirements of a standard CTE certificate. The professional development must be approved through the CTE division and must be documented on the CTE approved certificate of training form in order for it to be used in lieu of college/university educational coursework.

ocial Security Number:	(For identification purposes only)	Date of Birth:/	/ Gen	der: M/F			
Full Legal Name:	Last	First	Middle				
Mailing Address:	Street Number or P.O. Box	City	State	Zip			
Telephone:	() Email	Address:					
Ethnicity:	American Indian or Alaskan Nat Asian or Pacific Islander	iveBlack or African-AHispanic or Latino er and Ethnicity are requested for fed-		White (Not-Hispanic) Other			
CTION 2: CERTIF	ICATE(S) TO CONVERT	, ,					
would like to CONVE	RT the following 3-year Provision	al certificate(s) to 6-year S	tandard certificate(s):				
Certificates:		Endorsement (if applicable):					
Agriculture (\$60)		Full Structured English Immersion (SEI) (\$60)					
Business & M	arketing (\$60)						
Family & Con	sumer Sciences (\$60)						
Health Careers (\$60)		Are you removing an AZ and/or US Constitution deficiency?YES I have the following deficiency: \$20					
Industrial and	Emerging Technologies (\$60)	US Constitution De	eficiency AZ	Constitution Deficienc			

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Answer <u>EVERY</u> question, Sign and Date:

ATTENTION: If "YES" is indicated for <u>any</u> of the following questions, please <u>attach a full</u> explanation to this application, a statement must be provided with each application.

2. YES_NO_ Have you	ever had any professional certificate ever received a reprimand or other of		•
3. YES NO Have you	on or license? ever been convicted of any felony o ever been arrested for any offense		vere fingerprinted?
5. Have you ever been arrest jurisdiction?	ted for any of the <u>following</u> offense	es in this state or	similar offenses in another
YESNO YESNO		YESNO YESNO YESNO	n Continuous sexual abuse of a child o Attempted first-degree murder p Any other dangerous crime against children as defined in section 13- 604.01 q Any of the above listed offenses if
YES NO YES NO YES NO YES NO	under fifteen years of age c Sexual assault d Molestation of a child e Sexual conduct with a minor	YES_NO_ YES_NO_ YES_NO_	committed as a reparatory offense as described in section 13-1001 r Any offense causing you to register as a sex offender s First-degree murder t Armed Robbery
YES NO YES NO YES NO YES NO YES NO	g Sexual exploitation of a minor h Child abuse i Kidnapping j Sexual abuse of a minor	YESNO YESNO YESNO	u Incest v Exploitation of minors involving drug offenses w Sexual abuse of a vulnerable adult x Sexual exploitation of a vulnerable
YESNO YESNO	prescribed in section 13-3212	YES_NO_ YES_NO_ YES_NO_ YES_NO_	adult y Commercial sexual exploitation of a vulnerable adult z Abuse of a vulnerable adult aa Molestation of a vulnerable adult bb Neglect of a vulnerable adult
I understand that pursuan	at to ARS § 15-534, any person who ma		
application for certification is guil submitted by me for certification pain information herein provided prove	ty of a misdemeanor offense. I swear or	affirm that the fore e, true and correct. I just cause for revoca	going information completed by me, or Furthermore, should any part or all of the
Applicant's Signature		Date	